| | otor 1 Latoya Marie Webster | | |
|-----------|--|---------------|-----------------|
| | First Name Middle Name Last Name | | |
| Del | otor 2 Timothy Webster | | |
| (Spo | use if, filing) First Name Middle Name Last Name | | |
| Uni | ted States Bankruptcy Court for the: EASTERN DISTRICT OF WISCONSIN | | |
| Cas | se number 17-30630 | | |
| (if kn | lown) | ☐ Check | cif this is an |
| | | amen | ded filing |
| | | | |
| Эf | ficial Form 106Sum | | |
| | mmary of Your Assets and Liabilities and Certain Statistical Information | | 12/15 |
| | as complete and accurate as possible. If two married people are filing together, both are equally responsible for | | |
| nfo | rmation. Fill out all of your schedules first; then complete the information on this form. If you are filing amend | | |
| ou | r original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page. | | |
| Par | t 1: Summarize Your Assets | | |
| | | Your a | ssets |
| | | | of what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) | | |
| • | 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 0.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 17,977.21 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 17,977.2° |
| | | · · | , |
| Par | t 2: Summarize Your Liabilities | | |
| | | Your li | abilities |
| | | Amoun | t you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) | • | 40.455.00 |
| | 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 18,155.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) | | 0.00 |
| | 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 40,810.00 |
| | | | , |
| | Your total liabilities | \$ | 58,965.00 |
| | Tour total national | — | 30,303.00 |
| _ | | | |
| ₽ar | t 3: Summarize Your Income and Expenses | | |
| | Schedule I: Your Income (Official Form 106I) | Φ. | 3,061.78 |
| 4. | Copy your combined monthly income from line 12 of Schedule I | \$ | 3,001.70 |
| 4. | | | 3,081.00 |
| 4. 5. | Schedule J: Your Expenses (Official Form 106J) | Φ. | |
| | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 3,001.00 |
| 5. | | \$ | 3,001.00 |
| 5. Par | Copy your monthly expenses from line 22c of Schedule J 4: Answer These Questions for Administrative and Statistical Records | \$ | 3,001.0 |
| 5. | Copy your monthly expenses from line 22c of Schedule J | · | |

7. What kind of debt do you have?

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

Case number (if known) 17-30630

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

4,720.22

\$

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total claim | |
|--|-------------|------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

| Debtor 1 Debtor 2 (Spouse, if filing) United States Bank | Latoya Marie Webster First Name Timothy Webster First Name | nd this filing: Middle Name Last Name | | |
|--|---|--|---------------------------------------|--|
| Debtor 2 (Spouse, if filing) United States Bank | First Name Timothy Webster | Middle Name Last Name | | |
| (Spouse, if filing) United States Bank | Timothy Webster | wilddie Name Last Name | | |
| United States Bank | | | | |
| | | Middle Name Last Name | | |
| Case number 17 | ruptcy Court for the: EAST | ERN DISTRICT OF WISCONSIN | | |
| _ | ′-30630 | | | ☐ Check if this is an |
| | | | | amended filing |
| | | | | |
| Official For | m 106A/B | | | |
| Schedule | A/B: Property | / | | 12/15 |
| think it fits best. Be a | as complete and accurate as po space is needed, attach a separ | List an asset only once. If an asset fits in more than on ossible. If two married people are filing together, both ar ate sheet to this form. On the top of any additional page | e equally responsible for su | pplying correct |
| Part 1: Describe Ea | ch Residence, Building, Land, | or Other Real Estate You Own or Have an Interest In | | |
| 1. Do you own or hav | ve any legal or equitable interes | st in any residence, building, land, or similar property? | | |
| ■ No. Go to Part 2 | | | | |
| ☐ Yes. Where is the | he property? | | | |
| Part 2: Describe Yo | . William | | | |
| 3. Cars, vans, truc □ No ■ Yes | ks, tractors, sport utility ve | hicles, motorcycles | | |
| 3.1 Make: M | azda | Who has an interest in the property? Check one | Do not deduct secured cl | aims or exemptions. Put ed claims on Schedule D: |
| Model: 6 | | Debtor 1 only | Creditors Who Have Clair | ims Secured by Property. |
| Year: 20 Approximate r | 102925 | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only | Current value of the entire property? | Current value of the portion you own? |
| Other information | | ☐ At least one of the debtors and another | citaro proporty. | portion you own. |
| | | ■ Check if this is community property (see instructions) | \$11,000.00 | \$11,000.00 |
| Examples: Boats, ■ No □ Yes 5 Add the dollar | trailers, motors, personal wa | d other recreational vehicles, other vehicles, and tercraft, fishing vessels, snowmobiles, motorcycle act of the fishing vessels of the f | r entries for | \$11,000.00 |

| | Latoya Ma Timothy W | | nber (if known) 17-30630 |
|----|---|---|---|
| 6. | Household goods and Examples: Major appli ☐ No | furnishings nces, furniture, linens, china, kitchenware | |
| | Yes. Describe | | |
| | | 1 Entertainment Center, 1 Sofa, 2 Bedroom Sets, 1 Kitchen Set, Rug, 1 Microwave, 7 Pictures. | 1 \$1,597.00 |
| 7. | | and radios; audio, video, stereo, and digital equipment; computers, printers, sca Il phones, cameras, media players, games | nners; music collections; electronic devices |
| | | 2 TVs, 1 Computer, 1 Telephone, 2 Video Game Equipment. | \$1,520.00 |
| 8. | | d figurines; paintings, prints, or other artwork; books, pictures, or other art objections, memorabilia, collectibles | s; stamp, coin, or baseball card collections; |
| | ☐ Yes. Describe | | |
| 9. | Equipment for sports Examples: Sports, pho musical ins ■ No □ Yes. Describe | ographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs | , skis; canoes and kayaks; carpentry tools; |
| 10 | Firearms Examples: Pistols, rif No ☐ Yes. Describe | es, shotguns, ammunition, and related equipment | |
| 11 | . Clothes Examples: Everyday □ No | elothes, furs, leather coats, designer wear, shoes, accessories | |
| | Yes. Describe | | |
| | | clothes | \$200.00 |
| 12 | Jewelry Examples: Everyday □ No ■ Yes. Describe | ewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, wa | tches, gems, gold, silver |
| | | Costume Jewelry | \$100.00 |
| | | Wedding Rings | \$500.00 |
| | | cosutme jewelry | \$400.00 |
| 13 | Non-farm animals Examples: Dogs, cate No □ Yes. Describe | , birds, horses | |

| Debtor 1 Debtor 2 | Latoya Marie Timothy Web | | | Case number (if known) | 17-30630 |
|----------------------|---|--|--|--------------------------------|--|
| 14. Any | | | I not already list, including any heal | th aids you did not list | |
| ■ No | | • | | · | |
| ☐ Ye | s. Give specific info | rmation | | | |
| 15 Ad | d the dellar value o | fall of your optries from | Part 3, including any entries for pag | ues you have attached | |
| | | | | es you have attached | \$4,317.00 |
| Part 4: | Describe Your Financ | ial Accate | | , | |
| | | gal or equitable interest i | n any of the following? | | Current value of the |
| | | | | | portion you own? Do not deduct secured claims or exemptions. |
| □ No | mples: Money you ha | ave in your wallet, in your h | nome, in a safe deposit box, and on ha | nd when you file your petition | on |
| | | | | cash | \$20.00 |
| Exa □ No | institutions. If | | counts; certificates of deposit; shares in ts with the same institution, list each. Institution name: | n credit unions, brokerage h | nouses, and other similar |
| _ 10 | J | | | | |
| | | 17.1. Checking | Chase | | \$1,094.64 |
| Exal ■ No □ Ye | mples: Bond funds, i s publicly traded sto t venture | Institution or issue | rokerage firms, money market account r name: porated and unincorporated busines | | t in an LLC, partnership, and |
| ☐ Ye | s. Give specific info | rmation about them | | | |
| | | Name of entity: | | % of ownership: | |
| Neg Non ■ No | otiable instruments i -negotiable instrume | nclude personal checks, ca ents are those you cannot to | otiable and non-negotiable instrumation in the instrument of the i | I money orders. | |
| Exa | • | | 403(b), thrift savings accounts, or other | er pension or profit-sharing | plans |
| ■ No □ Ye | s. List each account | separately. Type of account: | Institution name: | | |
| You | mples: Agreements v | deposits you have made s | so that you may continue service or use, public utilities (electric, gas, water), te | | nies, or others |
| _ | S | | Institution name or individual: | | |
| 23. Annı | • | a periodic payment of mor | ney to you, either for life or for a number | er of years) | |

| | ebtor 1 ebtor 2 | Latoya M Timothy | arie Webster Webster | Case number (if known) | 17-30630 |
|-----|--------------------|----------------------------------|---|---|--|
| | ☐ Yes | | Issuer name and description. | | |
| | | | cation IRA, in an account in a qualified ABLE program (1), 529A(b), and 529(b)(1). | , or under a qualified state tuition proo | gram. |
| | ■ No □ Yes | | Institution name and description. Separately file the rec | ords of any interests.11 U.S.C. § 521(c): | |
| | Trusts, ■ No | , equitable o | r future interests in property (other than anything liste | ed in line 1), and rights or powers exer | cisable for your benefit |
| | ☐ Yes. | Give specific | c information about them | | |
| | | | s, trademarks, trade secrets, and other intellectual prodomain names, websites, proceeds from royalties and lice | | |
| | | Give specific | c information about them | | |
| 27. | | | es, and other general intangibles permits, exclusive licenses, cooperative association hold | ings, liquor licenses, professional license | s |
| | ☐ Yes. | Give specific | c information about them | | |
| Mo | oney or | property ow | ed to you? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | Tax ref ■ No | unds owed | to you | | |
| | ☐ Yes. | Give specific | information about them, including whether you already fil | ed the returns and the tax years | |
| | Examp ■ No | | e or lump sum alimony, spousal support, child support, ma | aintenance, divorce settlement, property s | settlement |
| | Examp □ No | oles: Unpaid v benefits | meone owes you wages, disability insurance payments, disability benefits, s ; unpaid loans you made to someone else c information | sick pay, vacation pay, workers' compens | sation, Social Security |
| | | · | preference Recovery | | \$1,545.57 |
| | | | preference recovery | | Ψ1,040.07 |
| | | ts in insurar oles: Health, o | nce policies disability, or life insurance; health savings account (HSA); | credit, homeowner's, or renter's insurance | ce |
| | ■ Yes. | Name the ins | surance company of each policy and list its value. Company name: | Beneficiary: | Surrender or refund value: |
| | | | Term life through work, no cash value | _ | \$0.00 |
| | If you a someo | are the benef one has died. | perty that is due you from someone who has died ficiary of a living trust, expect proceeds from a life insuran c information | ce policy, or are currently entitled to recei | ve property because |

| Debt Debt | | Latoya Marie Webster Timothy Webster | | Case number (if known) | 17-30630 |
|--------------|-------------|---|----------------------------|-----------------------------|-------------------------|
| | Examp | against third parties, whether or not you have filed a law les: Accidents, employment disputes, insurance claims, or ri | | and for payment | |
| | No Yes. | Describe each claim | | | |
| | No | contingent and unliquidated claims of every nature, inclu Describe each claim | iding counterclaims o | of the debtor and rights to | set off claims |
| | | ancial assets you did not already list | | | |
| | No Yes. | Give specific information | | | |
| 36. | | he dollar value of all of your entries from Part 4, includin | | | \$2,660.21 |
| Part : | 5: Des | scribe Any Business-Related Property You Own or Have an Inter | est In. List any real esta | te in Part 1. | |
| _ | - | own or have any legal or equitable interest in any business-relate | ed property? | | |
| _ | | to Part 6. | | | |
| Ц | Yes. G | o to line 38. | | | |
| Part (| | scribe Any Farm- and Commercial Fishing-Related Property You own or have an interest in farmland, list it in Part 1. | Own or Have an Interes | t In. | |
| 46. D | o you | own or have any legal or equitable interest in any farm- | or commercial fishin | g-related property? | |
| | No. | Go to Part 7. | | | |
| I | ☐ Yes. | Go to line 47. | | | |
| Part 1 | 7: | Describe All Property You Own or Have an Interest in That You | u Did Not List Above | | |
| | Examp | have other property of any kind you did not already list' les: Season tickets, country club membership | ? | | |
| | No I Yes | Give specific information | | | |
| | 1 1 63. | Oive specific information | | i | |
| 54. | Add t | he dollar value of all of your entries from Part 7. Write th | at number here | | \$0.00 |
| Part 8 | 8: | List the Totals of Each Part of this Form | | | |
| 55. | Part 1 | : Total real estate, line 2 | | | \$0.00 |
| 56. | Part 2 | : Total vehicles, line 5 | \$11,000.00 | | |
| 57. | Part 3 | : Total personal and household items, line 15 | \$4,317.00 | | |
| | | : Total financial assets, line 36 | \$2,660.21 | | |
| | | : Total business-related property, line 45 | \$0.00 | | |
| | | : Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. | Part 7 | : Total other property not listed, line 54 + | \$0.00 | | |
| 62. | Total | personal property. Add lines 56 through 61 | \$17,977.21 | Copy personal property to | otal \$17,977.21 |
| 63. | Total | of all property on Schedule A/B. Add line 55 + line 62 | | | \$17,977.21 |

| Fill in this inform | nation to identify your | case: | | |
|---------------------|-------------------------|--------------------|--------------|--------------------------------------|
| Debtor 1 | Latoya Marie Web | ster | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Timothy Webster | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bar | nkruptcy Court for the: | EASTERN DISTRICT C | PF WISCONSIN | |
| Case number | 17-30630 | | | |
| (if known) | | | | ☐ Check if this is an amended filing |

Official Form 106C

Schedule C: The Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

| | ☐ You are claiming state and federal nonban | kruptcy exemptions. 1 | 11 U.S | S.C. § 522(b)(3) | |
|----|--|--------------------------------------|--------|---|------------------------------------|
| | ■ You are claiming federal exemptions. 11 | U.S.C. § 522(b)(2) | | | |
| 2. | For any property you list on Schedule A/B | that you claim as exe | mpt, | fill in the information below. | |
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Am | ount of the exemption you claim | Specific laws that allow exemption |
| | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| | 1 Entertainment Center, 1 Sofa, 2 Bedroom Sets, 1 Kitchen Set, 1 Rug, | \$1,597.00 | | \$1,597.00 | 11 U.S.C. § 522(d)(3) |
| | 1 Microwave, 7 Pictures. Line from Schedule A/B: 6.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | 2 TVs, 1 Computer, 1 Telephone, 2 Video Game Equipment. | \$1,520.00 | | \$1,520.00 | 11 U.S.C. § 522(d)(3) |
| | Line from Schedule A/B: 7.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | clothes Line from Schedule A/B: 11.1 | \$200.00 | | \$200.00 | 11 U.S.C. § 522(d)(5) |
| | Line nom <i>Genedale Add.</i> Titl | | | 100% of fair market value, up to any applicable statutory limit | |
| | Costume Jewelry Line from Schedule A/B: 12.1 | \$100.00 | | \$100.00 | 11 U.S.C. § 522(d)(4) |
| | Elle Holli Genedale Add. 12.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Wedding Rings Line from Schedule A/B: 12.2 | \$500.00 | | \$500.00 | 11 U.S.C. § 522(d)(4) |
| | Line from <i>Schedule PVD</i> . 12.2 | | | 100% of fair market value, up to any applicable statutory limit | |

| Debtor Debtor | | | | Case number (if known) | 17-30630 |
|------------------|---|--------------------------------------|---------|---|------------------------------------|
| | rief description of the property and line on chedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption |
| | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| | osutme jewelry ne from Schedule A/B: 12.3 | \$400.00 | | \$400.00 | 11 U.S.C. § 522(d)(4) |
| LII | THE HOLLI SCHEUDIE PAB. 12.3 | | | 100% of fair market value, up to any applicable statutory limit | |
| | ash ne from <i>Schedule A/B</i> : 16.1 | \$20.00 | | \$20.00 | 11 U.S.C. § 522(d)(5) |
| LII | ne nom <i>schedule Arb.</i> 10.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | hecking: Chase | \$1,094.64 | | \$1,094.64 | 11 U.S.C. § 522(d)(5) |
| LII | ne nom <i>schedule PAB</i> . 17.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| • | reference Recovery | \$1,545.57 | | \$1,545.57 | 11 U.S.C. § 522(d)(5) |
| LII | ne nom <i>schedule Arb.</i> 30.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | re you claiming a homestead exemption subject to adjustment on 4/01/19 and every No Yes. Did you acquire the property cove | 3 years after that for ca | ases fi | ŕ | , |
| | | red by the exemption wi | ithin 1 | ,215 days before you filed this case' | ? |

Yes

| Dahtand | | | | | | |
|---|---|---|---------------------|--|--------------------------|-------------------|
| | atoya Marie W | ebster | | | | |
| | st Name | Middle Name | Last Name | | | |
| | mothy Webst | er Middle Name | Last Name | | - | |
| (Spouse II, IIIIIg) | st ivaille | Middle Name | Last Name | | | |
| United States Bankrup | tcy Court for the | EASTERN DISTRICT OF WISC | CONSIN | | | |
| Case number 17-30 | 630 | | | | | |
| (if known) | | | | | ☐ Check | c if this is an |
| | | | | | amen | ded filing |
| O#: =: = F = 40 | .cD | | | | | |
| Official Form 10 | | | | | | |
| Schedule D: | Creditors | Who Have Claims | Secured | by Propert | У | 12/15 |
| | | If two married people are filing togethout, number the entries, and attach it t | | | | |
| 1. Do any creditors have | claims secured b | y your property? | | | | |
| ☐ No. Check this b | oox and submit t | his form to the court with your other | schedules. You | u have nothing else t | to report on this form. | |
| Yes. Fill in all of | the information | below. | | | | |
| Part 1: List All Sec | ured Claims | | | | | |
| • | | more than one secured claim, list the cre | ditor congratoly | Column A | Column B | Column C |
| for each claim. If more that | an one creditor has | s a particular claim, list the other creditors | s in Part 2. As | Amount of claim | Value of collateral | Unsecured |
| much as possible, list the | claims in alphabet | ical order according to the creditor's name | e. | Do not deduct the value of collateral. | that supports this claim | portion If any |
| 2.1 Carmax Auto I | inance | Describe the property that secures t | he claim: | \$18,155.00 | \$11,000.00 | \$7,155.00 |
| Creditor's Name | | 2015 Mazda 6 102925 miles | | | | |
| 42000 Tuelsele | a Cuast | | | | | |
| 12800 Tuckaho Par | be Creek | As of the date you file, the claim is: | Check all that | | | |
| Richmond, VA | 23238 | apply. Contingent | | | | |
| Number, Street, City, S | itate & Zip Code | ☐ Unliquidated | | | | |
| | | ☐ Disputed | | | | |
| Who owes the debt? C | heck one. | Nature of lien. Check all that apply. | | | | |
| Debtor 1 only | | An agreement you made (such as r car loan) | mortgage or secu | red | | |
| Debtor 2 only | | ☐ Statutory lien (such as tax lien, med | chanic's lian) | | | |
| ■ Debtor 1 and Debtor 2 ☐ At least one of the debtor 2 | , | ☐ Judgment lien from a lawsuit | chanic's nem | | | |
| Check if this claim re | | | Lien on Veh | icle | | |
| community debt | elates to a | Other (including a right to offset) | | | | |
| | Opened 08/15 Last Active 5/10/16 | Last 4 digits of account numb | _{oer} 3386 | | | |
| Date debt was incurred | 3/10/10 | _ | | | | |
| | | Column A on this page. Write that numl | ber here: | \$18,15 | 55.00 | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

| Fill in this informat | ion to identify your o | case: | | | | |
|--|---|--|--|---|--|--|
| Debtor 1 | Latoya Marie Web | ster | | | | |
| - | First Name | Middle Name | Last Name | | | |
| _ | Timothy Webster | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | |
| United States Bankr | uptcy Court for the: | EASTERN DISTRIC | CT OF WISCONSIN | | | |
| | 30630 | | | | | |
| (if known) | | | | | _ | k if this is an |
| | | | | | amei | nded filing |
| Be as complete and ac any executory contrac Schedule G: Executory Schedule D: Creditors | ccurate as possible. Use ts or unexpired leases y Contracts and Unexpi Who Have Claims Secu | e Part 1 for creditors wi that could result in a cl ired Leases (Official Fo ured by Property. If mor | ecured Claims rith PRIORITY claims and Part I laim. Also list executory controrm 106G). Do not include any re space is needed, copy the F | acts on Schedule A/B creditors with partially | : Property (Official F y secured claims tha t, number the entries | orm 106A/B) and on are listed in in the boxes on the |
| Part 1: List All o | er (if known). f Your PRIORITY Uns have priority unsecured | secured Claims | nation to report in a Part, do n | ot file that Part. On the | e top of any addition: | in pages, write your |
| Part 1: List All o | er (if known). f Your PRIORITY Uns have priority unsecured | secured Claims | nation to report in a Part, do n | ot file that Part. On the | e top of any addition: | in pages, write your |
| Part 1: List All o 1. Do any creditors No. Go to Part Yes. 2. List all of your pridentify what type opossible, list the clapart 1. If more than | er (if known). If Your PRIORITY Unstance priority unsecured 2. It iority unsecured claims of claim it is. If a claim has aims in alphabetical orde in one creditor holds a part | secured Claims d claims against you? s. If a creditor has more the sound priority and nonpriority according to the creditoriticular claim, list the other | than one priority unsecured claim riority amounts, list that claim her or's name. If you have more than er creditors in Part 3. | n, list the creditor separate and show both priority two priority unsecured | ately for each claim. Fo y and nonpriority amou | or each claim listed, unts. As much as |
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| Part 1: List All o 1. Do any creditors No. Go to Part Yes. 2. List all of your pridentify what type of possible, list the clarant of the composition of the compo | f Your PRIORITY Unstance priority unsecured claims of claim it is. If a claim hasaims in alphabetical orden one creditor holds a part of each type of claim, so evenue Service or's Name on to the Treasury 7346 higher City State Zlp Code the debt? Check one. | secured Claims d claims against you? s. If a creditor has more the secured control of the creditor recording to the control of the | than one priority unsecured claim fority amounts, list that claim her or's name. If you have more than er creditors in Part 3. is form in the instruction booklet. its of account number | n, list the creditor separa e and show both priorit two priority unsecured Total claim \$0.0 | ately for each claim. For y and nonpriority amou claims, fill out the Cor | or each claim listed, ints. As much as itinuation Page of Nonpriority amount |
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| or 2 Timothy Webster | | Case number (if know) | 17-30630 | | |
|--|--|--|---|---------------------------------|-------------------|
| Special Procedures Unit | Last 4 digits of account number | \$0.00 | \$0 | 0.00 | \$0.0 |
| Priority Creditor's Name Wisconsin Department of | When was the debt incurred? | | | | |
| Revenue | | | = | | |
| PO Box 8901 | | | | | |
| Madison, WI 53708-8901 Number Street City State Zlp Code | As of the date you file, the claim is: | Chock all that apply | | | |
| Who incurred the debt? Check one. | Contingent | Спеск ан тат арргу | | | |
| Debtor 1 only | | | | | |
| _ | ☐ Unliquidated | | | | |
| Debtor 2 only | Disputed | | | | |
| Debtor 1 and Debtor 2 only | Type of PRIORITY unsecured claim: | | | | |
| At least one of the debtors and another | ☐ Domestic support obligations | | | | |
| ☐ Check if this claim is for a community debt | Taxes and certain other debts you | owe the government | | | |
| s the claim subject to offset? | Claims for death or personal injury | while you were intoxicated | | | |
| No | Other. Specify | | | | |
| ☐ Yes | | | | | |
| No. You have nothing to report in this part. Submit Yes. It all of your nonpriority unsecured claims in the | this form to the court with your other sche | holds each claim. If a credit | | | |
| No. You have nothing to report in this part. Submit Yes. ist all of your nonpriority unsecured claims in the secured claim, list the creditor separately for each can one creditor holds a particular claim, list the other | this form to the court with your other sche e alphabetical order of the creditor who claim. For each claim listed, identify what t | o holds each claim. If a credit type of claim it is. Do not list cla | aims already incl | uded in Part 1. | If more |
| No. You have nothing to report in this part. Submit Yes. Ist all of your nonpriority unsecured claims in the secured claim, list the creditor separately for each can one creditor holds a particular claim, list the other art 2. Affiliated | this form to the court with your other sche e alphabetical order of the creditor who claim. For each claim listed, identify what t | o holds each claim. If a credit type of claim it is. Do not list cla | aims already incl | uded in Part 1. Continuation Pa | If more |
| No. You have nothing to report in this part. Submit Yes. st all of your nonpriority unsecured claims in the secured claim, list the creditor separately for each can one creditor holds a particular claim, list the other at 2. | this form to the court with your other sche e alphabetical order of the creditor who claim. For each claim listed, identify what t r creditors in Part 3.If you have more than | p holds each claim. If a credit type of claim it is. Do not list cla three nonpriority unsecured cl | aims already incl laims fill out the 0 | uded in Part 1. Continuation Pa | If more age of |
| No. You have nothing to report in this part. Submit Yes. st all of your nonpriority unsecured claims in the secured claim, list the creditor separately for each can one creditor holds a particular claim, list the other at 2. Affiliated | this form to the court with your other sche e alphabetical order of the creditor who claim. For each claim listed, identify what t r creditors in Part 3.If you have more than | o holds each claim. If a credit type of claim it is. Do not list cla three nonpriority unsecured c | aims already incl laims fill out the 0 | uded in Part 1. Continuation Pa | If more age of |
| No. You have nothing to report in this part. Submit Yes. Is all of your nonpriority unsecured claims in the secured claim, list the creditor separately for each can one creditor holds a particular claim, list the other at 2. Affiliated Nonpriority Creditor's Name Po Box 790001 | this form to the court with your other sche e alphabetical order of the creditor who claim. For each claim listed, identify what t r creditors in Part 3.If you have more than Last 4 digits of account number | p holds each claim. If a credit type of claim it is. Do not list cla three nonpriority unsecured classifications. In the control of the contr | aims already incl laims fill out the 0 | uded in Part 1. Continuation Pa | If more |
| No. You have nothing to report in this part. Submit Yes. st all of your nonpriority unsecured claims in the isecured claim, list the creditor separately for each can one creditor holds a particular claim, list the other art 2. Affiliated Nonpriority Creditor's Name Po Box 790001 Sunrise Beach, MO 65079 Number Street City State Zlp Code Who incurred the debt? Check one. | this form to the court with your other sche e alphabetical order of the creditor who claim. For each claim listed, identify what t r creditors in Part 3.If you have more than Last 4 digits of account number When was the debt incurred? As of the date you file, the claim in | p holds each claim. If a credit type of claim it is. Do not list cla three nonpriority unsecured classifications. In the control of the contr | aims already incl laims fill out the 0 | uded in Part 1. Continuation Pa | If more |
| No. You have nothing to report in this part. Submit Yes. st all of your nonpriority unsecured claims in the secured claim, list the creditor separately for each can one creditor holds a particular claim, list the other art 2. Affiliated Nonpriority Creditor's Name Po Box 790001 Sunrise Beach, MO 65079 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only | this form to the court with your other sche e alphabetical order of the creditor who claim. For each claim listed, identify what t r creditors in Part 3.If you have more than Last 4 digits of account number When was the debt incurred? As of the date you file, the claim if | p holds each claim. If a credit type of claim it is. Do not list cla three nonpriority unsecured classifications. In the control of the contr | aims already incl laims fill out the 0 | uded in Part 1. Continuation Pa | If more |
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| No. You have nothing to report in this part. Submit Yes. st all of your nonpriority unsecured claims in the secured claim, list the creditor separately for each can one creditor holds a particular claim, list the other art 2. Affiliated Nonpriority Creditor's Name Po Box 790001 Sunrise Beach, MO 65079 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | this form to the court with your other sche e alphabetical order of the creditor who claim. For each claim listed, identify what t r creditors in Part 3.If you have more than Last 4 digits of account number When was the debt incurred? As of the date you file, the claim if | p holds each claim. If a credit type of claim it is. Do not list cla three nonpriority unsecured classification. 1007 Opened 7/13/11 Las 8/20/11 is: Check all that apply | aims already incl laims fill out the 0 | uded in Part 1. Continuation Pa | If more age of |
| No. You have nothing to report in this part. Submit Yes. st all of your nonpriority unsecured claims in the isecured claim, list the creditor separately for each can one creditor holds a particular claim, list the other art 2. Affiliated Nonpriority Creditor's Name Po Box 790001 Sunrise Beach, MO 65079 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another | e alphabetical order of the creditor who claim. For each claim listed, identify what it is creditors in Part 3.If you have more than Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is Contingent Unliquidated Disputed | p holds each claim. If a credit type of claim it is. Do not list cla three nonpriority unsecured classification. 1007 Opened 7/13/11 Las 8/20/11 is: Check all that apply | aims already incl laims fill out the 0 | uded in Part 1. Continuation Pa | If more age of |
| No. You have nothing to report in this part. Submit Yes. st all of your nonpriority unsecured claims in the secured claim, list the creditor separately for each can one creditor holds a particular claim, list the other art 2. Affiliated Nonpriority Creditor's Name Po Box 790001 Sunrise Beach, MO 65079 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | this form to the court with your other sche alphabetical order of the creditor who claim. For each claim listed, identify what t r creditors in Part 3.If you have more than Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is Contingent Unliquidated Disputed Type of NONPRIORITY unsecured | holds each claim. If a credit type of claim it is. Do not list claim three nonpriority unsecured claim three nonpriority unsecured claim. 1007 Opened 7/13/11 Las 8/20/11 is: Check all that apply | aims already incl laims fill out the 0 | uded in Part 1. Continuation Pa | If more |
| Nonpriority Creditor's Name Po Box 790001 Sunrise Beach, MO 65079 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt | this form to the court with your other sche e alphabetical order of the creditor who claim. For each claim listed, identify what i r creditors in Part 3.If you have more than Last 4 digits of account number When was the debt incurred? As of the date you file, the claim i Contingent Unliquidated Disputed Type of NONPRIORITY unsecured Student loans Obligations arising out of a sepa | b holds each claim. If a credit type of claim it is. Do not list claim three nonpriority unsecured claim three nonpriority unsecured claim. 1007 Opened 7/13/11 Las 8/20/11 is: Check all that apply d claim: | aims already incl laims fill out the 0 | uded in Part 1. Continuation Pa | If more |

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| Debto | or 2 Timothy Webster | | Case number (if know) 17-30630 | |
|-------|---|--|---|------------|
| 4.2 | Americollect Inc | Last 4 digits of account number | 8888 | \$1,017.00 |
| | Nonpriority Creditor's Name Po Box 1566 | When was the debt incurred? | Opened 10/12 | |
| | Manitowoc, WI 54221 Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | no or the date you me, the claim | oneok all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | ■ Other. Specify Lutheran H | Attorney Froedtert Memorial lo | |
| 4.3 | Boston Store | Last 4 digits of account number | unknown | \$1,000.00 |
| | Nonpriority Creditor's Name P.O. Box 659813 | When was the debt incurred? | 17 | |
| | San Antonio, TX 78265-9113 Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | As of the date you me, the claim | is. Check all that apply | |
| | Debtor 1 only | | | |
| | ☐ Debtor 2 only | ☐ Contingent | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Unliquidated | | |
| | ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecure | d claim: | |
| | <u>_</u> | Student loans | u Ciaiii. | |
| | Check if this claim is for a community debt | | aration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | diation agreement of divorce that you did not | |
| | No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | Other. Specify credit | | |
| 4.4 | Capital One | Last 4 digits of account number | unknown | \$1,300.00 |
| | Nonpriority Creditor's Name | _ | | |
| | PO Box 85147 Richmond, VA 23276 | When was the debt incurred? | _17 | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ■ Check if this claim is for a community | ☐ Student loans | | |
| | debt | ☐ Obligations arising out of a sepa | aration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | - | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |

☐ Yes

■ Other. Specify credit

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| btor 2 Timothy Webster | | Case number (if know) 17-30630 | |
|--|--|---|------------|
| Credmgmtcntl | Last 4 digits of account number | 3160 | \$0.00 |
| Nonpriority Creditor's Name P.o. Box 1654 Green Bay, WI 54301 | When was the debt incurred? | Last Active 2/01/12 | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| ■ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| Yes | Other. Specify 04 Milw Co | unty Clerk Of Circuit C | |
| Credmgmtcntl | Last 4 digits of account number | 3159 | \$0.00 |
| Nonpriority Creditor's Name P.o. Box 1654 Green Bay, WI 54301 | When was the debt incurred? | Last Active 2/01/12 | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| ☐ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| Yes | Other. Specify 04 Milw Co | unty Clerk Of Circuit C | |
| Diversified Consultant | Last 4 digits of account number | 8573 | \$1,051.00 |
| Nonpriority Creditor's Name P O Box 551268 | When was the debt incurred? | Opened 01/16 | |
| Jacksonville, FL 32255 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |

☐ Yes

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■ Other. Specify Collection Attorney Sprint

| | 1 Latoya Marie Webster 2 Timothy Webster | | Case number (if know) | 17-30630 | |
|-----|---|--|---------------------------------|------------------|----------|
| 4.8 | Enhanced Recovery Co L | Last 4 digits of account number | 4993 | | \$711.00 |
| | Nonpriority Creditor's Name 8014 Bayberry Rd Jacksonville, FL 32256 | When was the debt incurred? | Opened 11/14 | | |
| - | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| | ■ Debtor 1 only | ☐ Contingent | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce | that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar de | bts | |
| | Yes | Other. Specify Collection | Attorney At T | | |
| 4.9 | Ford Motor Credit Company | Last 4 digits of account number | 1468 | | \$0.00 |
| | Nonpriority Creditor's Name PO Box 64400 Colorado Springs, CO 80962-4400 | When was the debt incurred? | 2014 | | |
| - | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| | ■ Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce | that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar del | bts | |
| | Yes | Other. Specify Judgment | | | |
| 4.1 | Harris | Last 4 digits of account number | 1892 | | \$114.00 |
| | Nonpriority Creditor's Name 111 West Jackson B Chicago, IL 60604 | When was the debt incurred? | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| | ☐ Debtor 1 only | ☐ Contingent | | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| | Check if this claim is for a community | ☐ Student loans | | | |
| | debt | ☐ Obligations arising out of a sepa | aration agreement or divorce | that you did not | |
| | Is the claim subject to offset? | report as priority claims | | | |
| | No | Debts to pension or profit-sharing | ng plans, and other similar de | bts | |
| | □Yes | Other Specify 04 City Of | Milwaukee Municipal | Cr | |

Schedule E/F: Creditors Who Have Unsecured Claims

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| 2 Timothy Webster | | Case number (if know) 17-30630 | |
|---|--|---|-------------|
| I C System Inc | Last 4 digits of account number | 5001 | \$98.00 |
| Nonpriority Creditor's Name Po Box 64378 Saint Paul, MN 55164 | When was the debt incurred? | Opened 11/15 | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| ☐ Debtor 1 only | ☐ Contingent | | |
| ■ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| □ Yes | Other. Specify Collection | Attorney Directv | |
| Lane Bryant Nonpriority Creditor's Name | Last 4 digits of account number | unknown | \$1,000.00 |
| 450 Winks Lane Bensalem, PA 19020 | When was the debt incurred? | | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| ☐ Debtor 1 only | O continuent | | |
| Debtor 2 only | ☐ Contingent | | |
| ■ Debtor 1 and Debtor 2 only | ☐ Unliquidated | | |
| ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecure | d claim: | |
| <u></u> | Student loans | u ciaiii. | |
| ■ Check if this claim is for a community debt Is the claim subject to offset? | _ | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| □ Yes | Other. Specify credit | g plane, and other chillian desic | |
| | | | |
| Lincoln Automotive Fin | Last 4 digits of account number | 8223 | \$25,201.00 |
| Nonpriority Creditor's Name 12110 Emmet St | When was the debt incurred? | Opened 09/12 Last Active 10/31/13 | |
| Omaha, NE 68164 | | in Ohankall that analy | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Спеск ан that apply | |
| Debtor 1 only | | | |
| Debtor 2 only | ☐ Contingent | | |
| Debtor 1 and Debtor 2 only | Unliquidated | | |
| _ | Disputed | d alata. | |
| At least one of the debtors and another | Type of NONPRIORITY unsecure | a ciaim: | |
| Check if this claim is for a community debt | | aration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |

☐ Yes

Schedule E/F: Creditors Who Have Unsecured Claims

■ Other. Specify old lease

| Debto Debto | r 1 Latoya Marie Webster r 2 Timothy Webster | | Case number (if know) 17-30630 | |
|----------------|--|--|---|----------|
| 4.1 4 | Portfolio Recovery Ass | Last 4 digits of account number | 0709 | \$485.00 |
| | Nonpriority Creditor's Name 120 Corporate Blvd Ste 1 Norfolk, VA 23502 | When was the debt incurred? | Opened 12/15 | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | ■ Other. Specify Bank | Company Account Comenity | |
| 4.1 5 | Portfolio Recovery Ass | Last 4 digits of account number | 6155 | \$401.00 |
| | Nonpriority Creditor's Name 120 Corporate Blvd Ste 1 Norfolk, VA 23502 | When was the debt incurred? | Opened 12/14 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | ■ Other. Specify Bank Usa I | Company Account Capital One N.A. | |
| 4.1 6 | Receivables Performanc | Last 4 digits of account number | 8256 | \$90.00 |
| | Nonpriority Creditor's Name 20816 44th Ave W Lynnwood, WA 98036 | When was the debt incurred? | Opened 03/16 | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |

debt

■ No

☐ Yes

■ Check if this claim is for a community

Is the claim subject to offset?

 $\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not

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 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify Collection Attorney At T Wireline

☐ Student loans

report as priority claims

| Latoya Marie Webster Timothy Webster | | Case number (if know) 17-30630 | |
|--|--|---|--------|
| Spectrum | Last 4 digits of account number | Unknown | \$ |
| Nonpriority Creditor's Name PO Box 2981 | When was the debt incurred? | 47 | |
| Milwaukee, WI 53201 | when was the debt incurred? | | |
| Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ■ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharir | ng plans, and other similar debts | |
| | • | ig plans, and other similar debts | |
| Yes | Other. Specify notice | | |
| Springleaf Financial S | Last 4 digits of account number | 4950 | \$1,90 |
| Nonpriority Creditor's Name | _ | | |
| 601 N.W. Second Street Evansville, IN 47708 | When was the debt incurred? | Opened 11/12 Last Active 5/12/16 | |
| Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| ☐ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ■ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| Yes | Other. Specify Secured | | |
| | | 0550 | |
| State Collection Servi Nonpriority Creditor's Name | Last 4 digits of account number | 9553 | \$67 |
| 2509 S Stoughton Rd Madison, WI 53716 | When was the debt incurred? | Opened 11/14 | |
| Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |

■ No

☐ Yes

Schedule E/F: Creditors Who Have Unsecured Claims

Other. Specify Wisconsi

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

Collection Attorney Childrens Hospital Of

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| 2 Timothy Webster | | Case number (if know) 17-30630 | |
|---|--|---|----|
| State Collection Servi | Last 4 digits of account number | 9552 | \$ |
| Nonpriority Creditor's Name 2509 S Stoughton Rd Madison, WI 53716 | When was the debt incurred? | Opened 11/14 | |
| Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| ☐ Yes | Collection Other. Specify Wisconsi | Attorney Childrens Hospital Of | |
| State Collection Servi | Last 4 digits of account number | 9550 | \$ |
| Nonpriority Creditor's Name 2509 S Stoughton Rd Madison, WI 53716 | When was the debt incurred? | Opened 11/14 | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt | | aration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | | |
| No | Debts to pension or profit-sharing | | |
| Yes | Other. Specify Collection Wisconsi | Attorney Childrens Hospital Of | |
| State Collection Servi | Last 4 digits of account number | 9551 | \$ |
| Nonpriority Creditor's Name 2509 S Stoughton Rd Madison, WI 53716 | When was the debt incurred? | Opened 11/14 | |
| Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |

■ No

☐ Yes

Other. Specify Wisconsi

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

Collection Attorney Childrens Hospital Of

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| State Collection Servi | Last 4 digits of account number | 9478 | \$378 |
|---|---------------------------------------|--|-------|
| Nonpriority Creditor's Name 2509 S Stoughton Rd Madison, WI 53716 | When was the debt incurred? | Opened 08/14 | |
| Number Street City State Zlp Code | As of the date you file, the claim i | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | Disputed | | |
| ☐ At least one of the debtors and ano | _ ' | d claim: | |
| ☐ Check if this claim is for a comm | По | | |
| debt Is the claim subject to offset? | · _ | ration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| □Yes | Other. Specify Collection Wisconsi | Attorney Childrens Hospital Of | |
| 00.11 | | 2000 | 4074 |
| State Collection Servi | Last 4 digits of account number | 3226 | \$374 |
| Nonpriority Creditor's Name 2509 S Stoughton Rd Madison, WI 53716 | When was the debt incurred? | Opened 08/14 | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and ano | ther Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a comm | nunity | | |
| debt | | ration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | | |
| No | ☐ Debts to pension or profit-sharin | | |
| Yes | Other. Specify Collection A Wisconsi | Attorney Childrens Hospital Of | |
| State Collection Servi | Last 4 digits of account number | 3697 | \$363 |
| Nonpriority Creditor's Name | | | |
| 2509 S Stoughton Rd Madison, WI 53716 | When was the debt incurred? | Opened 08/14 | |
| Number Street City State Zlp Code | As of the date you file, the claim i | is: Check all that apply | |
| Who incurred the debt? Check one. | _ | | |
| Debtor 1 only | Contingent | | |
| Debtor 2 only | Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and ano | | d claim: | |
| Check if this claim is for a comm | Student loans | | |

debt

■ No

☐ Yes

Is the claim subject to offset?

■ Other. Specify Wisconsin

 $\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

Collection Attorney Medical College Of

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 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

| 2 Timothy Webster | | Case number (if know) 17-30630 | |
|---|--|---|-----|
| State Collection Servi | Last 4 digits of account number | 4079 | \$: |
| Nonpriority Creditor's Name 2509 S Stoughton Rd Madison, WI 53716 | When was the debt incurred? | Opened 08/14 | |
| Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| ■ Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| Yes | Other. Specify Collection Wisconsi | Attorney Childrens Hospital Of | |
| State Collection Servi | Last 4 digits of account number | 2198 | \$^ |
| Nonpriority Creditor's Name 2509 S Stoughton Rd Madison, WI 53716 | When was the debt incurred? | Opened 08/14 | |
| Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt | | aration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | | |
| ■ No | Debts to pension or profit-sharing | | |
| Yes | Other. Specify Wisconsi | Attorney Childrens Hospital Of | |
| State Collection Servi | Last 4 digits of account number | 3698 | \$1 |
| Nonpriority Creditor's Name 2509 S Stoughton Rd Madison, WI 53716 | When was the debt incurred? | Opened 08/14 | |
| Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| ■ Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |

■ No

☐ Yes

Schedule E/F: Creditors Who Have Unsecured Claims

Other. Specify Wisconsin

Best Case Bankruptcy

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

Collection Attorney Medical College Of

| Timothy Webster | | Case number (if know) 17-30630 | |
|--|--|---|--------|
| State Collection Servi | Last 4 digits of account number | 6546 | \$85.0 |
| Nonpriority Creditor's Name 2509 S Stoughton Rd | When was the debt incurred? | Opened 08/14 | |
| Madison, WI 53716 Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | to of the date you me, the claim | o. Oncok ali that appry | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | |
| □ Yes | · | Attorney Childrens Hospital Of | |
| Time Warner Cable - Wisconsin | | unknown | ¢o (|
| Nonpriority Creditor's Name | Last 4 digits of account number | unknown | \$0.0 |
| PO Box 3237 | When was the debt incurred? | 17 | |
| Milwaukee, WI 53201 | _ | | |
| Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ■ Check if this claim is for a community | ☐ Student loans | | |
| debt | | aration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | | |
| No | ☐ Debts to pension or profit-sharing | g plans, and other similar debts | |
| ☐ Yes | Other. Specify notice | | |
| Verizon Wireless | Last 4 digits of account number | 0001 | \$53.0 |
| Nonpriority Creditor's Name | | Opened 11/13 Last Active | |
| Po Box 49 Lakeland, FL 33802 | When was the debt incurred? | 5/31/16 | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |

■ No ☐ Yes

Schedule E/F: Creditors Who Have Unsecured Claims

Other. Specify

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 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

| | Timothy Webster | | Case no | umber (if know) | 17-30630 | |
|--------------------|--|--|------------|--|--------------------|---------------------------|
| 4.3 | Victoria's Secret | Last 4 digits of account number | unkno | own | | \$1,000.00 |
| | Nonpriority Creditor's Name Attention: Bankruptcy PO BOX 182125 Columbus OH 43248 | When was the debt incurred? | 17 | | | - |
| - | Columbus, OH 43218 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check | all that apply | | |
| | ☐ Debtor 1 only | ☐ Contingent | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | ■ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agr | eement or divorce | that you did not | |
| | ■ No | Debts to pension or profit-sharin | g plans, a | and other similar de | ebts | |
| | Yes | Other Specify credit | | | | - |
| 4.3 | Wisconsin Electric Pow | Last 4 digits of account number | 7987 | | | \$373.00 |
| | Nonpriority Creditor's Name 231 W Michigan St # A130 | | | ed 07/13 Las | t Active | |
| | Milwaukee, WI 53203 | When was the debt incurred? | 5/27/1 | 16 | | - |
| - | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check | all that apply | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | ration agr | reement or divorce | that you did not | |
| | ■ No | Debts to pension or profit-sharin | g plans, a | and other similar de | ebts | |
| | Yes | Other. Specify Agriculture | ! | | | - |
| is tryir have n | List Others to Be Notified About a D is page only if you have others to be notified by to collect from you for a debt you owe to shore than one creditor for any of the debts the dor any debts in Parts 1 or 2, do not fill out | l about your bankruptcy, for a debt that y someone else, list the original creditor in nat you listed in Parts 1 or 2, list the addi | Parts 1 c | or 2, then list the | collection agenc | y here. Similarly, if you |
| Milwa | nd Address Likee County Clerk of Court Building Room 117 | | Part 1: C | Creditors with Prior | • | |
| 821 W | State St. ukee, WI 53233 | • | Part 2: C | Creditors with Nonp | oriority Unsecured | Claims |
| | , | Last 4 digits of account number | 14 | 68 | | |
| paul H | nd Address . Thielhelm | On which entry in Part 1 or Part 2 did you Line 4.9 of (Check one): | | iginal creditor? Creditors with Prior | ity Unsecured Cla | ims |
| Unkno | wn | Last 4 digits of account number | | Creditors with Nong . 68 | oriority Unsecured | Claims |
| Part 4: | Add the Amounts for Each Type of U | Jnsecured Claim | | | | |
| | he amounts of certain types of unsecured cl f unsecured claim. | aims. This information is for statistical re | eporting | purposes only. 28 | 3 U.S.C. §159. Ad | d the amounts for each |
| | 0- P | | • | | Claim | |
| | 6a. Domestic support obligatio | ns | 6a. | \$ | 0.00 | <u> </u> |
| Official Fo | orm 106 E/F Scho | edule E/F: Creditors Who Have Unsecure | d Claims | | | Page 13 of 1 |

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Best Case Bankruptcy

| Debtor 1 | Latoya Marie Webster |
|----------|----------------------|
| Debtor 2 | Timothy Webster |

17-30630 Case number (if know) Total claims from Part 1 6b. Taxes and certain other debts you owe the government 6b. \$ 0.00 Claims for death or personal injury while you were intoxicated 6c. 6c. 0.00 Other. Add all other priority unsecured claims. Write that amount here. 6d. 6d. 0.00 Total Priority. Add lines 6a through 6d. 6e. 0.00 **Total Claim** 6f Student loans 6f. 0.00 Total claims Obligations arising out of a separation agreement or divorce that from Part 2 0.00 6g. you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts 6h. 6h. 0.00 Other. Add all other nonpriority unsecured claims. Write that amount 40,810.00 6j. Total Nonpriority. Add lines 6f through 6i. 6j. 40,810.00

Best Case Bankruptcy

| Fill in this inform | | | | | |
|---|------------------------|--------------------|-------------|--|------------------------------------|
| Debtor 1 | Latoya Marie Web | ster | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | Timothy Webster | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Bankruptcy Court for the: | | EASTERN DISTRICT C | F WISCONSIN | | |
| Case number | 17-30630 | | | | |
| (if known) | | | | | Check if this is an amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | i c i 3011 01 | Name, Number | , Street, City, State and ZIF | e contract or lease | State what the contract or lease is for |
|-----|--------------------------|--------------|-------------------------------|---------------------|---|
| .1 | | | | | |
| | Name | | | | |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | |
| 2.2 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.3 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.4 | • | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.5 | | | | | |
| | Name | | | | |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | |

| Fill in this in | formation to identify your | case: | | | |
|------------------------------------|--|--|------------------------|---|--|
| Debtor 1 | Latoya Marie Web | | Lost Nome | | |
| Debtor 2 | Timothy Webster | Middle Name | Last Name | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States | Bankruptcy Court for the: | EASTERN DISTRICT OF V | VISCONSIN | | |
| Case number | r 17-30630 | | | | |
| (if known) | | | | | Check if this is an amended filing |
| Official I | Form 106H | | | | |
| | le H: Your Cod | ebtors | | | 12/15 |
| people are fil fill it out, and | ing together, both are equa | ally responsible for supplyi boxes on the left. Attach th | ng correct informat | tion. If more space is ne | te as possible. If two married eeded, copy the Additional Page, of any Additional Pages, write |
| 1. Do yo | u have any codebtors? (If | you are filing a joint case, do | not list either spouse | as a codebtor. | |
| ■ No □ Yes | | | | | |
| | | lived in a community propo Nevada, New Mexico, Puerto | | | states and territories include |
| ■ Yes. □ | o to line 3. Did your spouse, former spou No Yes. | use, or legal equivalent live w | ith you at the time? | | |
| | In which community state | e or territory did you live? | -NONE- | . Fill in the name an | d current address of that person. |
| | Name of your spouse, former spo Number, Street, City, State & Zip | | | | |
| in line 2 | again as a codebtor only i 6D), Schedule E/F (Official | f that person is a guarantor | or cosigner. Make | sure you have listed th | with you. List the person shown e creditor on Schedule D (Official Schedule E/F, or Schedule G to fill |
| | nlumn 1: Your codebtor ne, Number, Street, City, State and ZI | P Code | | Column 2: The cree Check all schedules | ditor to whom you owe the debt s that apply: |
| 3.1 | | | | ☐ Schedule D, line |) |
| Nar | me | | | ☐ Schedule E/F, lin | |
| | | | | ☐ Schedule G, line | |
| Nur City | mber Street | State | ZIP Code | _ | |
| 3.2 | | | | Schedule D, line | |
| Nar | me | | | Schedule E/F, lin | ne |
| Nur | mber Street | | | _ | |
| City | 1 | State | ZIP Code | | |

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Page 26 of 48

| Fill in this information to identify your case: Debtor 1 Latoya Marie Webster | |
|--|---|
| Debtor 2 (Spouse, if filing) Timothy Webster | |
| United States Bankruptcy Court for the: _EASTERN | DISTRICT OF WISCONSIN |
| Case number 17-30630 | Check if this is: |
| (If known) | ☐ An amended filing |
| | A supplement showing postpetition chapter 13 income as of the following date: |
| Official Form 106I | MM / DD/ YYYY |
| Schedule I: Your Income | 12/1 |
| supplying correct information. If you are married a spouse. If you are separated and your spouse is n | arried people are filing together (Debtor 1 and Debtor 2), both are equally responsible for nd not filing jointly, and your spouse is living with you, include information about your ot filing with you, do not include information about your spouse. If more space is needed, any additional pages, write your name and case number (if known). Answer every question |

Fill in your employment Debtor 1 Debtor 2 or non-filing spouse information. ■ Employed Employed If you have more than one job, **Employment status** attach a separate page with ■ Not employed □ Not employed information about additional employers. Occupation **Case Manager Janitor** Include part-time, seasonal, or Employer's name Regency Janitorial Service Inc. Res-care Inc. self-employed work. Occupation may include student **Employer's address** 9901 Linn Station Road 2230 South Commerce Drive or homemaker, if it applies. Louisville, KY 40223 New Berlin, WI 53151 How long employed there? 2 years 1 year

Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

Estimate and list monthly overtime pay. 3.

Calculate gross Income. Add line 2 + line 3.

| | | For Debtor 1 | | Debtor 2 or filing spouse |
|----|-----|--------------|------|---------------------------|
| 2. | \$ | 3,642.85 | \$ | 1,077.37 |
| 3. | +\$ | 0.00 | +\$_ | 0.00 |
| 4. | \$ | 3,642.85 | \$_ | 1,077.37 |

Case number (if known)

| | | | | For | Debtor 1 | | Pebtor 2 or Filing spouse | |
|-----|---|---|------------|-------------|----------------|--------|------------------------------|--|
| | Сору | line 4 here | 4. | \$ | 3,642.85 | \$ | 1,077.37 | |
| 5. | Lista | all payroll deductions: | | | | | | |
| ٠. | | • • | 5a. | \$ | 720 E7 | œ | 245 47 | |
| | 5a. 5b. | Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans | 5a. 5b. | \$ | 728.57 0.00 | \$ | 215.47 0.00 | |
| | 5c. | Voluntary contributions for retirement plans | 5c. | \$ — | 0.00 | \$— | 0.00 | |
| | 5d. | Required repayments of retirement fund loans | 5d. | \$ — | 0.00 | \$ | 0.00 | |
| | 5e. | Insurance | 5e. | \$ — | 714.40 | \$ | 0.00 | |
| | 5f. | Domestic support obligations | 5f. | \$ | 0.00 | \$— | 0.00 | |
| | 5g. | Union dues | 5g. | \$- | 0.00 | \$ | 0.00 | |
| | 5h. | Other deductions. Specify: | 5h.+ | · — | 0.00 | · : — | 0.00 | |
| 6. | | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | * \$ | 1,442.97 | \$ | 215.47 | |
| 7. | | ulate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ _ | 2,199.88 | \$ | 861.90 | |
| | | | • • | – | 2,133.00 | Ψ— | 001.30 | |
| 8. | 8a. | All other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | \$ | 0.00 | \$ | 0.00 | |
| | 8b. | Interest and dividends | 8b. | \$ | 0.00 | \$ | 0.00 | |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | \$ | 0.00 | \$ | 0.00 | |
| | 8d. | Unemployment compensation | 8d. | \$ | 0.00 | \$ | 0.00 | |
| | 8e. | Social Security | 8e. | \$ | 0.00 | \$ | 0.00 | |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | _ 8f. | \$ | 0.00 | \$ | 0.00 | |
| | 8g. | Pension or retirement income | 8g. | \$ | 0.00 | \$ | 0.00 | |
| | 8h. | Other monthly income. Specify: | _ 8h.+ | \$ | 0.00 | • \$ | 0.00 | |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 0.00 | \$ | 0.00 | |
| 10. | Calc | ulate monthly income. Add line 7 + line 9. | 10. \$ | : | 2,199.88 + \$ | 86 | 3,061.78 | |
| | Add t | he entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | - | | · - | | | |
| 11. | State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 | | | | | | | |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The result that amount on the Summary of Schedules and Statistical Summary of Certaines | | | | | 12. \$ 3,061.78 | |
| | | | | | | | Combined monthly income | |
| 13. | Do ye | ou expect an increase or decrease within the year after you file this form? No. | • | | | | monthly income | |
| | | Yes. Explain: | | | | | | |
| | | | | | | | | |

| Fill in this infor | mation to identify your case: | | | | |
|----------------------------|---|--|-------------------------------|---|--|
| Debtor 1 | Latoya Marie Webster | | Chec | k if this is: | |
| | | | | An amended filing | |
| Debtor 2 | Timothy Webster | | | | ving postpetition chapter |
| (Spouse, if filing |) | | | 13 expenses as of | the following date: |
| United States Ba | ankruptcy Court for the: EASTERN DISTRICT OF WISCO | NSIN | _ | MM / DD / YYYY | |
| Case number (If known) | 17-30630 | | | | |
| Official F | Form 106J | | | | |
| Schedu | le J: Your Expenses | | | | 12/1 |
| Be as compleinformation. I | te and accurate as possible. If two married people ar f more space is needed, attach another sheet to this own). Answer every question. | e filing together, be form. On the top of | oth are equa f any additio | ally responsible fo nal pages, write y | or supplying correct your name and case |
| | scribe Your Household | | | | |
| | joint case? | | | | |
| | o to line 2. | | | | |
| ■ Yes. | Ooes Debtor 2 live in a separate household? | | | | |
| | INo Yes. Debtor 2 must file Official Form 106J-2, <i>Expenses</i> | for Separate House | ehold of Debt | or 2. | |
| 2. Do vou h | nave dependents? | | | | |
| , , , , , | | B I | | 5 | Barrello de la constant |
| Do not ils Debtor 2. | t Debtor 1 and Yes. Fill out this information for each dependent | Dependent's relati Debtor 1 or Debtor | | Dependent's age | Does dependent live with you? |
| 200101 2. | · | | | | □ No |
| Do not st | ate the nts names. | Son | | 10 | ■ Yes |
| depender | ns names. | | | | ■ Yes □ No |
| | | | | | ☐ Yes |
| | | | | | □ No |
| | | | | | ☐ Yes |
| | | | | - | □ No |
| | | | | | ☐ Yes |
| | expenses include No | | | | |
| | s of people other than and your dependents? | | | | |
| | and your depondents. | | | | |
| | timate Your Ongoing Monthly Expenses | | | | |
| | r expenses as of your bankruptcy filing date unless y of a date after the bankruptcy is filed. If this is a supp te. | | | | |
| Include expe | nses paid for with non-cash government assistance in | f vou know | | | |
| | uch assistance and have included it on Schedule I: Y | | | | |
| (Official Form | 106l.) | | | Your exp | enses |
| | | | | | |
| | al or home ownership expenses for your residence. In s and any rent for the ground or lot. | nclude first mortgage | e 4. \$ | | 1,000.00 |
| . , | cluded in line 4: | | | | |
| 4- 5 | al antata taura | | 4 - • | | 0.00 |
| | al estate taxes operty, homeowner's, or renter's insurance | | 4a. \$ 4b. \$ | | 0.00 |
| | me maintenance, repair, and upkeep expenses | | 4c. \$ | | 50.00 |
| | meowner's association or condominium dues | | 4d. \$ | | 0.00 |
| 5. Addition | al mortgage payments for your residence, such as ho | me equity loans | 5. \$ | | 0.00 |

Official Form 106J Schedule J: Your Expenses

page 1

| | tor 1 tor 2 | - | Marie Webster v Webster | Case num | ber (if known) | 17-30630 | | |
|-----|---|---------------------------------|--|--------------|---------------------------------------|-------------------------------|--|--|
| 6. | Utilit | ies. | | | | | | |
| 0. | 6a. | | , heat, natural gas | 6a. | \$ | 100.00 | | |
| | 6b. | | wer, garbage collection | 6b. | \$ | 0.00 | | |
| | 6c. | Telephone | e, cell phone, Internet, satellite, and cable services | 6c. | \$ | 250.00 | | |
| | 6d. | Other. Spe | ecify: | 6d. | \$ | 0.00 | | |
| 7. | Food | and hous | ekeeping supplies | 7. | \$ | 600.00 | | |
| 8. | Child | dcare and o | children's education costs | 8. | \$ | 50.00 | | |
| 9. | Cloth | hing, laund | dry, and dry cleaning | 9. | \$ | 100.00 | | |
| 10. | Pers | onal care p | products and services | 10. | \$ | 100.00 | | |
| 11. | Medi | ical and de | ental expenses | 11. | \$ | 50.00 | | |
| 12. | 2. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments 12. \$ 350.00 | | | | | | | |
| 40 | | | car payments. | | · | | | |
| | | | clubs, recreation, newspapers, magazines, and books | 13. | \$ | 100.00 | | |
| | | | tributions and religious donations | 14. | > | 0.00 | | |
| 15. | | rance. ot include in | nsurance deducted from your pay or included in lines 4 or 20. | | | | | |
| | | Life insura | · · · · | 15a. | \$ | 0.00 | | |
| | | Health ins | | 15b. | · | 0.00 | | |
| | | Vehicle in | | 15c. | · · · · · · · · · · · · · · · · · · · | 81.00 | | |
| | | | urance. Specify: | 15d. | · | 0.00 | | |
| 16. | | s. Do not in | nclude taxes deducted from your pay or included in lines 4 or 20. | 16. | \$ | 0.00 | | |
| 17 | • | · | ease payments: | | Ψ | 0.00 | | |
| 17. | | | ents for Vehicle 1 | 17a. | \$ | 250.00 | | |
| | | . , | ents for Vehicle 2 | 17b. | · | 0.00 | | |
| | | Other. Spe | | 17c. | | 0.00 | | |
| | | Other. Spe | | 17d. | \$ | 0.00 | | |
| 18. | | • | s of alimony, maintenance, and support that you did not report | as | | | | |
| | dedu | icted from | your pay on line 5, Schedule I, Your Income (Official Form 106) | | \$ | 0.00 | | |
| 19. | Othe | r payments | s you make to support others who do not live with you. | | \$ | 0.00 | | |
| | Spec | | | 19. | | | | |
| 20. | | | perty expenses not included in lines 4 or 5 of this form or on So | | | 0.00 | | |
| | | | s on other property | 20a. | | 0.00 | | |
| | | Real estat | | 20b. 20c. | · | 0.00 | | |
| | | | homeowner's, or renter's insurance | 20d. 20d. | · | 0.00 | | |
| | | | nce, repair, and upkeep expenses ner's association or condominium dues | 20d. 20e. | · | 0.00 | | |
| 21 | | | ier's association of condominium dues | | Ψ +\$ | 0.00 | | |
| 21. | Othe | r: Specify: | | | +φ | 0.00 | | |
| 22. | Calc | ulate your | monthly expenses | | | | | |
| | 22a. | Add lines 4 | through 21. | | \$ | 3,081.00 | | |
| | 22b. | Copy line 2 | 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | 2 | \$ | | | |
| | 22c. / | Add line 22 | a and 22b. The result is your monthly expenses. | | \$ | 3,081.00 | | |
| 23. | Calc | ulate your | monthly net income. | | | | | |
| | 23a. | Copy line | 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 3,061.78 | | |
| | 23b. | Copy your | r monthly expenses from line 22c above. | 23b. | -\$ | 3,081.00 | | |
| | 23c. | | your monthly expenses from your monthly income. t is your <i>monthly net income</i> . | 23c. | \$ | -19.22 | | |
| 24. | For ex modifi | xample, do yo ication to the | an increase or decrease in your expenses within the year after ou expect to finish paying for your car loan within the year or do you expect y terms of your mortgage? | | | ease or decrease because of a | | |
| | ■ No | | Evoluin horo: | | | | | |
| | ☐ Ye | es. | Explain here: | | | | | |

Official Form 106J Schedule J: Your Expenses page 2

| | case: | | | |
|---------------------|--------------------|---|--|--|
| _atoya Marie Wel | oster | | | |
| irst Name | Middle Name | Last Name | | |
| Γimothy Webster | | | | |
| irst Name | Middle Name | Last Name | | |
| ptcy Court for the: | EASTERN DISTRICT O | F WISCONSIN | | |
| 30630 | | | | |
| | | | | Check if this is an |
| | | | _ | amended filing |
| 1 | First Name | First Name Middle Name uptcy Court for the: EASTERN DISTRICT O | First Name Middle Name Last Name Firmothy Webster First Name Middle Name Last Name Uptcy Court for the: EASTERN DISTRICT OF WISCONSIN | First Name Middle Name Last Name Firmothy Webster First Name Middle Name Last Name uptcy Court for the: EASTERN DISTRICT OF WISCONSIN |

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below | |
|--|---|
| Did you pay or agree to pay someone who is | NOT an attorney to help you fill out bankruptcy forms? |
| ■ No | |
| ☐ Yes. Name of person | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) |
| Under penalty of perjury, I declare that I have r that they are true and correct. | read the summary and schedules filed with this declaration and |
| X /s/ Latoya Marie Webster | X /s/ Timothy Webster |
| X /s/ Latoya Marie Webster Latoya Marie Webster | X /s/ Timothy Webster Timothy Webster |
| X /s/ Latoya Marie Webster Latoya Marie Webster Signature of Debtor 1 | |

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

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Best Case Bankruptcy

| | in this inform | action to identify you | | | | |
|-------------------|---------------------|--|--|---|--|---|
| | | nation to identify you | | | | |
| Del | btor 1 | Latoya Marie We | ebster Middle Name | Last Name | | |
| Del | btor 2 | Timothy Webste | | | | |
| (Spo | ouse if, filing) | First Name | Middle Name | Last Name | | |
| Uni | ited States Bar | nkruptcy Court for the: | EASTERN DISTRICT OF | WISCONSIN | | |
| | se number | 7-30630 | | | | heck if this is an mended filing |
| St Be a | as complete a | of Financial | attach a separate sheet to | re filing together, both are | ankruptcy equally responsible for supp additional pages, write you | |
| Pai | rt 1: Give D | etails About Your Ma | rital Status and Where You | Lived Before | | |
| 1. | What is your | current marital statu | ıs? | | | |
| | ■ Married □ Not mar | ried | | | | |
| 2. | During the la | ast 3 years, have you | lived anywhere other than | where you live now? | | |
| | ■ No □ Yes. Lis | t all of the places you l | ived in the last 3 years. Do no | ot include where you live now | | |
| | Debtor 1 Pri | ior Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there |
| 3. stat | | | | | ity property state or territory co, Texas, Washington and W | |
| | □ No ■ Yes. Ma | ke sure you fill out <i>Scl</i> | nedule H: Your Codebtors (Of | ficial Form 106H). | | |
| Pai | rt 2 Explai | n the Sources of You | r Income | | | |
| 4. | Fill in the tota | I amount of income yo | nployment or from operatin u received from all jobs and a have income that you receive | Ill businesses, including part- | | ndar years? |
| | □ No ■ Yes. Fill | in the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | | of current year until d for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$31,797.25 | ■ Wages, commissions, bonuses, tips | \$10,007.20 |
| | | | ☐ Operating a business | | ☐ Operating a business | |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 1

| | | | Debtor 1 | | Debtor 2 | | | | |
|---|--------------------------------|---|---|---|---|------------------------------------|--|--|--|
| | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | | | | |
| For last calendar year: (January 1 to December 31, 2016) | | ■ Wages, commissions, bonuses, tips | \$42,197.00 | ■ Wages, commissions, bonuses, tips | \$4,250.00 | | | | |
| | | | ☐ Operating a business | | ☐ Operating a business | | | | |
| | | | ☐ Wages, commissions, bonuses, tips | \$15,371.00 | ☐ Wages, commissions, bonuses, tips | \$0.00 | | | |
| | | | Operating a business | | ☐ Operating a business | | | | |
| | ndar year befo o December 3 | | ■ Wages, commissions, bonuses, tips | \$25,966.00 | ☐ Wages, commissions, bonuses, tips | \$0.00 | | | |
| | | | ☐ Operating a business | | ☐ Operating a business | | | | |
| | | | ☐ Wages, commissions, bonuses, tips | \$25,927.00 | ☐ Wages, commissions, bonuses, tips | \$0.00 | | | |
| | | | Operating a business | | ☐ Operating a business | | | | |
| ☐ Yes | s. Fill in the det | ails. | | | | | | | |
| | | | Debtor 1 Sources of income | Gross income from | Debtor 2 Sources of income | Gross income | | | |
| | | | Describe below. | each source (before deductions and exclusions) | Describe below. | (before deductions and exclusions) | | | |
| Part 3: Li | st Certain Pay | ments You | Made Before You Filed for | Bankruptcy | | | | | |
| 6. Are eith □ No. | Neither De | btor 1 nor [| e's debts primarily consume Debtor 2 has primarily consume a personal, family, or househo | u <mark>mer debts.</mark> Consumer debts | s are defined in 11 U.S.C. § 10 | 01(8) as "incurred by an | | | |
| | • | • | ore you filed for bankruptcy, di | id you pay any creditor a total | of \$6,425* or more? | | | | |
| | □ No. | Go to line 7 | | | | | | | |
| | | ✓ Yes List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. | | | | | | | |
| ■ Yes | s. Debtor 1 o | Debtor 2 o | or both have primarily consu | both have primarily consumer debts. e you filed for bankruptcy, did you pay any creditor a total of \$600 or more? | | | | | |
| | During the s | o days bell | ore you med for bankruptey, di | ia you pay arry dicultor a total | or According to | | | | |
| | No. | Go to line 7 | 7. | | | | | | |
| | ☐ Yes | include pay | each creditor to whom you pai ments for domestic support o r this bankruptcy case. | | , , | | | | |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| Del | otor 1 Latoya Marie Webster | | | | | | | | |
|-----|--|--|---|---|----------------------------------|---|--|--|--|
| Del | otor 2 Timothy Webster | | Cas | se number (if known) | 17-30630 | | | | |
| | Creditor's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Was this pa | yment for | | | |
| 7. | Within 1 year before you filed for bankrupt Insiders include your relatives; any general post which you are an officer, director, person in a business you operate as a sole proprietor. It alimony. | artners; relatives of any gent control, or owner of 20% of | neral partners; partne or more of their voting | erships of which yog g securities; and a | ou are a genera ny managing a | Il partner; corporations gent, including one for | | | |
| | No☐ Yes. List all payments to an insider. | | | | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for | this payment | | | |
| 8. | Within 1 year before you filed for bankrupt | tcy, did you make any pa | yments or transfer a | any property on a | ccount of a de | ebt that benefited an | | | |
| | insider? Include payments on debts guaranteed or cost | signed by an insider. | | | | | | | |
| | ■ No □ Yes. List all payments to an insider | | | | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for Include cred | this payment | | | |
| Pai | t 4: Identify Legal Actions, Repossessio | | paid | Still OWE | include cred | itor s name | | | |
| 9. | Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes. | | | | | | | | |
| | ■ No | | | | | | | | |
| | Yes. Fill in the details. | Natura of the case | 0 | | 01-1 | | | | |
| | Case title Case number | Nature of the case | Court or agency | | Status of th | e case | | | |
| 10. | Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. | | | | | | | | |
| | No. Go to line 11.Yes. Fill in the information below. | | | | | | | | |
| | Creditor Name and Address | Describe the Property | | Date | | Value of the property | | | |
| | | Explain what happene | d | | | property | | | |
| 11. | Within 90 days before you filed for bankru accounts or refuse to make a payment bed No ☐ Yes. Fill in the details. | | cluding a bank or fir | nancial institutior | n, set off any a | mounts from your | | | |
| | Creditor Name and Address | Describe the action th | e creditor took | Date taker | action was | Amount | | | |
| 12. | Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a | | erty in the possess | | | fit of creditors, a | | | |
| | Π Yes | | | | | | | | |

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| | otor 1 otor 2 | Latoya Marie Webster Timothy Webster | | Case number | (if known) | 17-30630 | | | | |
|-----|--|---|----------|--|------------|----------------------|---------------------------|--|--|--|
| Par | t 5: | List Certain Gifts and Contribution | ns | | | | | | | |
| 13. | Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? No Yes. Fill in the details for each gift. | | | | | | | | | |
| | Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift and | | | Describe the gifts | the gi | you gave fts | Value | | | |
| | Addr | ress: | | | | | | | | |
| 14. | I | | | | | | | | | |
| | | or contributions to charities that | | Describe what you contributed | Dates | VOII | Value | | | |
| | more Char | e than \$600 rity's Name ress (Number, Street, City, State and ZIP Coo | | besonibe what you contributed | contri | | Value | | | |
| Par | t 6: | List Certain Losses | | | | | | | | |
| 15. | or ga | mbling? No | uptcy or | since you filed for bankruptcy, did you lose any | thing be | cause of thef | t, fire, other disaster, | | | |
| | | Yes. Fill in the details. | D | | D-1- | | Walana dan anananta | | | |
| | | cribe the property you lost and the loss occurred | Include | the amount that insurance has paid. List pending ce claims on line 33 of Schedule A/B: Property. | loss | of your | Value of property lost | | | |
| Par | t 7: | List Certain Payments or Transfer | rs | | | | | | | |
| 16. | | ulted about seeking bankruptcy or | preparir | d you or anyone else acting on your behalf paying a bankruptcy petition? s, or credit counseling agencies for services require | | | rty to anyone you | | | |
| | | on Who Was Paid | | Description and value of any property | Date r | payment | Amount of | | | |
| | Addr Ema | | You | transferred | | nsfer was | payment | | | |
| | Debt Advisors, S.C. 2600 N. Mayfair Road Suite 700 Milwaukee, WI 53226 | | | \$935 | 9/26/17 | | \$935.00 | | | |
| | 1916 Chic | neySharp Credit Counseling Ind 6 N. Fairfield Ave Suite 200 cago, IL 60647 w.moneysharp.org | C. | \$10 for Credit Counseling Course | 10/4/ | 17 | \$10.00 | | | |
| 17. | promi | Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. | | | | | | | | |
| | _ | No | | | | | | | | |
| | _ | Yes. Fill in the details. on Who Was Paid ress | | Description and value of any property transferred | | payment nsfer was | Amount of payment | | | |
| | | | | | | | | | | |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 4

| 18. | Vithin 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property ransferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not | | | | | | | | | |
|-----|--|--|--|-------------|--------------------------|--------------------------------------|----------|--|--|--|
| | include gifts and transfers that you have already No | listed on this statement | | | | | | | | |
| | ☐ Yes. Fill in the details. | | | | | | | | | |
| | Person Who Received Transfer Address | • | Description and value of property transferred par pai | | | Date tran | sfer was | | | |
| | Person's relationship to you | | . | | | | | | | |
| 19. | Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) No | | | | | | | | | |
| | Yes. Fill in the details. | | | | | | | | | |
| | Name of trust | Description and v | Description and value of the property transferred | | | | | | | |
| Par | rt 8: List of Certain Financial Accounts, Insti | ruments, Safe Deposit | Boxes, and Sto | orage Units | S | | | | | |
| 20. | sold, moved, or transferred? | | | | | | | | | |
| | Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. No | | | | | | | | | |
| | Yes. Fill in the details. | | | | | | | | | |
| | | Last 4 digits of account number | Type of account or instrument Date account was closed, sold, moved, or transferred | | | st balance closing or transfer | | | | |
| 21. | Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? | | | | | | | | | |
| | No No | | | | | | | | | |
| | Yes. Fill in the details. | VA(I) I I I I | 1- 110 | D 'b (| h | D | (111 | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had access to it? Address (Number, Street, City, State and ZIP Code) | | | he contents | Do you have it | | | | |
| 22. | Have you stored property in a storage unit or | place other than your | home within 1 | year before | e you filed for bankrupt | cy? | | | | |
| | ■ No | | | | | | | | | |
| | Yes. Fill in the details. | | | | | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or h to it? Address (Number, S State and ZIP Code) | | | | Do you have it | | | | |
| Dar | rt 9: Identify Property You Hold or Control fo | or Someone Fise | | | | | | | | |
| | Do you hold or control any property that som | | ude any property | y you borr | owed from, are storing | for, or hold | in trust | | | |
| | for someone. | | | | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the prop (Number, Street, City, S Code) | | | | | Value | | | |
| Par | rt 10: Give Details About Environmental Infor | , | | | | | | | | |

For the purpose of Part 10, the following definitions apply:

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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Best Case Bankruptcy

Latoya Marie Webster Debtor 1 **Timothy Webster** Debtor 2

Case number (if known) 17-30630

toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

| Rep | Report all notices, releases, and proceedings that you know about, regardless of when they occurred. | | | | | | | |
|-----|--|--|--|--------------------|--|--|--|--|
| 24. | Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? | | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | | | |
| 25. | Have you notified any governmental unit of | any release of hazardous material? | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | | | |
| 26. | Have you been a party in any judicial or adm | ninistrative proceeding under any enviro | onmental law? Include settlements a | and orders. | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case | | | | |
| Par | t 11: Give Details About Your Business or 0 | Connections to Any Business | | | | | | |
| 27. | Within 4 years before you filed for bankrupte | cy, did you own a business or have any | of the following connections to any | business? | | | | |
| | ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time | | | | | | | |
| | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) | | | | | | | |
| | ☐ A partner in a partnership | | | | | | | |
| | ☐ An officer, director, or managing executive of a corporation | | | | | | | |
| | ☐ An owner of at least 5% of the voting or equity securities of a corporation | | | | | | | |
| | _ | | | | | | | |
| | Yes. Check all that apply above and fill in the details below for each business. | | | | | | | |
| | Business Name Address | Describe the nature of the business | Employer Identification number Do not include Social Security | | | | | |
| | (Number, Street, City, State and ZIP Code) | Name of accountant or bookkeeper | Dates business existed | | | | | |
| | Reach One Teach One Learning | sub contracting | EIN: | | | | | |
| | - | - | From-To 1/2000 - 4/2013 | | | | | |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| Debtor 2 | Timothy Webster | | | Case number (if known) | 17-30630 |
|---|---|---|--|--|---------------------------------|
| | nin 2 years before you filed for bank tutions, creditors, or other parties. | ruptcy, did you give | a financial statemen | t to anyone about your I | business? Include all financial |
| | No Yes. Fill in the details below. | | | | |
| | ne dress nber, Street, City, State and ZIP Code) | Date Issued | | | |
| Part 12: | Sign Below | | | | |
| are true a | ad the answers on this <i>Statement o</i> and correct. I understand that makir nkruptcy case can result in fines u | g a false statement | , concealing property | , or obtaining money or | |
| are true a with a ba 18 U.S.C. | and correct. I understand that makir | ng a false statement to \$250,000, or imp | , concealing property | , or obtaining money or | |
| are true a with a ba 18 U.S.C. /s/ Lato Latoya | and correct. I understand that makir nkruptcy case can result in fines up §§ 152, 1341, 1519, and 3571. ya Marie Webster Marie Webster | g a false statement o to \$250,000, or imp /s/ Tir Timot | , concealing property prisonment for up to a mothy Webster thy Webster | , or obtaining money or | |
| are true a with a ba 18 U.S.C. /s/ Lato Latoya | and correct. I understand that makir nkruptcy case can result in fines up §§ 152, 1341, 1519, and 3571. ya Marie Webster | g a false statement o to \$250,000, or imp /s/ Tir Timot | , concealing property prisonment for up to : mothy Webster | , or obtaining money or | |
| are true a with a ba 18 U.S.C. /s/ Lato Latoya Signatur | and correct. I understand that makir nkruptcy case can result in fines up §§ 152, 1341, 1519, and 3571. ya Marie Webster Marie Webster | g a false statement o to \$250,000, or imp /s/ Tir Timot | , concealing property prisonment for up to a mothy Webster thy Webster | /, or obtaining money or 20 years, or both. | |
| are true a with a ba 18 U.S.C. /s/ Lato Latoya Signatur Date | and correct. I understand that making inkruptcy case can result in fines up \$\\$ 152, 1341, 1519, and 3571. ya Marie Webster Marie Webster re of Debtor 1 October 30, 2017 | g a false statement, to to \$250,000, or imp /s/ Tir Timot Signat | concealing property prisonment for up to mothy Webster thy Webster ture of Debtor 2 | , or obtaining money or 20 years, or both. | property by fraud in connection |
| are true a with a ba 18 U.S.C. /s/ Lato Latoya Signatur Date | and correct. I understand that makir nkruptcy case can result in fines up §§ 152, 1341, 1519, and 3571. ya Marie Webster Marie Webster re of Debtor 1 | g a false statement, to to \$250,000, or imp /s/ Tir Timot Signat | concealing property prisonment for up to mothy Webster thy Webster ture of Debtor 2 | , or obtaining money or 20 years, or both. | property by fraud in connection |
| are true a with a ba 18 U.S.C. /s/ Lato Latoya Signatur Date | and correct. I understand that making inkruptcy case can result in fines up \$\\$ 152, 1341, 1519, and 3571. ya Marie Webster Marie Webster re of Debtor 1 October 30, 2017 | g a false statement, to to \$250,000, or imp /s/ Tir Timot Signat | concealing property prisonment for up to mothy Webster thy Webster ture of Debtor 2 | , or obtaining money or 20 years, or both. | property by fraud in connection |
| are true a with a bat 18 U.S.C. /s/ Lato Latoya Signatur Date Did you a No Yes | and correct. I understand that making inkruptcy case can result in fines up \$\\$ 152, 1341, 1519, and 3571. ya Marie Webster Marie Webster re of Debtor 1 October 30, 2017 | g a false statement, to to \$250,000, or imp /s/ Tir Timot Signat Date | , concealing property prisonment for up to a mothy Webster thy Webster ture of Debtor 2 October 30, 2017 Affairs for Individuals | r, or obtaining money or 20 years, or both. 7 5 Filing for Bankruptcy (| property by fraud in connection |

| Debtor 1 | Latoya Marie Webst | er |
|---------------------------------|---------------------------|-------------------------------|
| Debtor 2 (Spouse, if filing) | Timothy Webster | |
| United States E | Bankruptcy Court for the: | Eastern District of Wisconsin |
| Case number (if known) | 17-30630 | |

| Check one box | only as | directed | in this | form | and i | n F | orm |
|---------------|---------|----------|---------|------|-------|-----|-----|
| 122A-1Supp: | | | | | | | |

- 1. There is no presumption of abuse
- ☐ 2. The calculation to determine if a presumption of abuse applies will be made under Chapter 7 Means Test Calculation (Official Form 122A-2).

Column B

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- □ 3. The Means Test does not apply now because of qualified military service but it could apply later.
- ☐ Check if this is an amended filing

otticiai form 122A

Chapter 7 Statement of Your Current Monthly Income

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file Statement of Exemption from Presumption of Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form.

Calculate Your Current Monthly Income

- 1. What is your marital and filing status? Check one only.
 - □ Not married. Fill out Column A, lines 2-11.
 - Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.
 - ☐ Married and your spouse is NOT filing with you. You and your spouse are:
 - ☐ Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.
 - ☐ Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C § 707(b)(7)(B).

Column A

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

| | | | Debt | or 1 | | or 2 or filing spouse |
|---|---|--|--|--|--|---|
| | and commissi | ons (before all | \$ | 3,642.85 | \$ | 1,077.37 |
| | payments from | a spouse if | \$ | 0.00 | \$ | 0.00 |
| ur dependents, including child support arried partner, members of your household tes. Include regular contributions from a sp | l. Include regula d, your depende | r contributions ents, parents, | \$ | 0.00 | \$ | 0.00 |
| from operating a business, profession, | or farm | | | | | |
| | Del | otor 1 | | | | |
| ts (before all deductions) | \$ 0.00 | | | | | |
| necessary operating expenses | -\$ 0.00 | | | | | |
| income from a business, profession, or far | m \$ 0.00 | Copy here -> | \$ | 0.00 | \$ | 0.00 |
| from rental and other real property | | | | | | |
| | Del | otor 1 | | | | |
| ts (before all deductions) | \$ 0.00 | | | | | |
| necessary operating expenses | -\$ 0.00 | - | | | | |
| , , , , , | \$ 0.00 | Copy here -> | \$ | 0.00 | \$ | 0.00 |
| dends, and rovalties | | - | \$ | 0.00 | \$ | 0.00 |
| i i i | ctions). d maintenance payments. Do not include filled in. s from any source which are regularly properties from any source which are regularly properties. Include garned partner, members of your household stes. Include regular contributions from a spect include payments you listed on line 3. from operating a business, profession, ots (before all deductions) d necessary operating expenses | d maintenance payments. Do not include payments from filled in. form any source which are regularly paid for househ our dependents, including child support. Include regular partner, members of your household, your dependentes. Include regular contributions from a spouse only if Control include payments you listed on line 3. from operating a business, profession, or farm Deletes (before all deductions) definecessary operating expenses from rental and other real property Deletes (before all deductions) definecessary operating expenses defined rental and other real property Deletes (before all deductions) definecessary operating expenses defined in the control of the | d maintenance payments. Do not include payments from a spouse if filled in. In filled in. In from any source which are regularly paid for household expenses our dependents, including child support. Include regular contributions arried partner, members of your household, your dependents, parents, attes. Include regular contributions from a spouse only if Column B is not not include payments you listed on line 3. In from operating a business, profession, or farm Debtor 1 In this (before all deductions) In necessary operating expenses In necessary operating expenses In this (before all deductions) In necessary operating expenses In necessary ope | wages, salary, tips, bonuses, overtime, and commissions (before all ctions). d maintenance payments. Do not include payments from a spouse if filled in. s from any source which are regularly paid for household expenses our dependents, including child support. Include regular contributions arried partner, members of your household, your dependents, parents, attes. Include regular contributions from a spouse only if Column B is not not include payments you listed on line 3. from operating a business, profession, or farm Debtor 1 ots (before all deductions) d necessary operating expenses income from a business, profession, or farm \$ Debtor 1 Debtor 1 ots (before all deductions) d necessary operating expenses income from rental and other real property Debtor 1 ots (before all deductions) d necessary operating expenses income from rental or other real property Copy here -> \$ onumber of the form and commissions (before all spouse if the payments from a spouse of the spouse only if Column B is not not include payments, parents, and the payments of the payments on the payments of the spouse of the payments of the payments from a spouse only if Column B is not not include regular contributions arried partner, parents, and the payments of the payments o | d maintenance payments. Do not include payments from a spouse if filled in. from any source which are regularly paid for household expenses our dependents, including child support. Include regular contributions harried partner, members of your household, your dependents, parents, ites. Include regular contributions from a spouse only if Column B is not not include payments you listed on line 3. from operating a business, profession, or farm Debtor 1 ots (before all deductions) d necessary operating expenses income from a business, profession, or farm \$ Debtor 1 ots (before all deductions) from rental and other real property Debtor 1 ots (before all deductions) d necessary operating expenses income from rental or other real property Debtor 1 ots (before all deductions) d necessary operating expenses income from rental or other real property Debtor 1 ots (before all deductions) Debtor 1 | wages, salary, tips, bonuses, overtime, and commissions (before all ctions). d maintenance payments. Do not include payments from a spouse if filled in. s from any source which are regularly paid for household expenses our dependents, including child support. Include regular contributions arried partner, members of your household, your dependents, parents, ites. Include regular contributions from a spouse only if Column B is not not include payments you listed on line 3. from operating a business, profession, or farm Debtor 1 ots (before all deductions) d necessary operating expenses income from a business, profession, or farm Debtor 1 ots (before all deductions) d necessary operating expenses income from a deductions) d necessary operating expenses income from rental and other real property Debtor 1 ots (before all deductions) d necessary operating expenses income from rental or other real property Debtor 1 ots (before all deductions) d necessary operating expenses income from rental or other real property Debtor 1 ots (before all deductions) d necessary operating expenses income from rental or other real property Debtor 1 |

Official Form 122A-1

Chapter 7 Statement of Your Current Monthly Income

Debtor 1 Debtor 2

| | | | | | Column A Debtor 1 | | Column B Debtor 2 or non-filing s | | |
|------|--|--|---|----------------|-------------------------|---------------|-----------------------------------|------------|----------------|
| 8. | Unemployment compe | ensation | | | \$ | 0.00 | \$ | 0.00 | |
| | | t if you contend that the amou | ınt received was a ber | nefit under | · —— | | · | | |
| | · · · · · · · · · · · · · · · · · · · | | \$ | 0.00 | | | | | |
| | | | | 0.00 | | | | | |
| 9. | Pension or retirement benefit under the Social | income. Do not include any a | amount received that | was a | \$ | 0.00 | \$ | 0.00 | |
| 10. | Do not include any bene received as a victim of a | sources not listed above. S fits received under the Social war crime, a crime against h deessary, list other sources or | Security Act or paym umanity, or internation | ents nal or | | | | | |
| | • | | | | \$ | 0.00 | \$ | 0.00 | |
| | | | | | \$ | 0.00 | \$ | 0.00 | |
| | Total amounts | from separate pages, if any. | | + | \$ | 0.00 | \$ | 0.00 | |
| 11. | | rrent monthly income. Add the total for Column A to the | | \$ | 3,642.85 | + [\$_ | 1,077.37 | = \$ | 4,720.22 |
| Part | 2: Determine When | her the Means Test Applies | s to You | | | | | Total o | urrent monthly |
| 12. | Calculate your current | monthly income for the year | ar. Follow these steps | : | | | | | |
| | - | rent monthly income from line | | | Сор | y line 11 | here=> | \$ | 4,720.22 |
| | Multiply by 12 (the | number of months in a year) | | | | | | X ' | |
| | 12b. The result is your a | nnual income for this part of | the form | | | | 12b. | \$ | 56,642.64 |
| 13. | Calculate the median f | amily income that applies to | o you. Follow these s | teps: | | | | | |
| | Fill in the state in which | you live. | WI | | | | | | |
| | Fill in the number of peo | ple in your household. | 3 | | | | | | |
| | To find a list of applicab | income for your state and siz | o online using the link | specified | in the separa | ate instruc | 13. ctions | \$ | 76,179.00 |
| | | ay also be available at the bar | nkruptcy cierk's office. | • | | | | | |
| 14. | How do the lines comp | | | | | | | | |
| | Go to Part | | , , , | | • | • | | | 20.4.0 |
| | Go to Part | more than line 13. On the top 3 and fill out Form 122A-2. | of page 1, check box | (2, The pr | resumption of | abuse is | determined by | / Form 12 | 22A-2. |
| Part | | | | | | | | | |
| | By signing here, I o | leclare under penalty of perju | ry that the information | on this st | atement and | in any att | achments is tr | ue and c | orrect. |
| | X /s/ Latoya Ma | | X | /s/ Tim | othy Webs | ter | | | |
| | Latoya Marie | | | | y Webster | | | | |
| | Signature of Deb | | 5 : | Ū | e of Debtor 2 | <u>′</u> | | | |
| | Date October 30, 2 | | Date | | er 30, 2017 O / YYYY | | | | |
| | | ' 14a, do NOT fill out or file Fo | orm 122A-2. | vi / DL | . , | | | | |
| | • | • | | | | | | | |
| | ii you checked line | 14b, fill out Form 122A-2 and | a me it with this form. | | | | | | |

Official Form 122A-1

| Ellin this inform | | | | | |
|---|--|--|--|---------------|---|
| | nation to identify your o | | | | |
| Debtor 1 | Latoya Marie Web | Ster Middle Name | Last Name | | |
| Debtor 2 | Timothy Webster | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | nkruptcy Court for the: | EASTERN DISTR | RICT OF WISCONSIN | | |
| _ | 17-30630 | | | | |
| (if known) | | | | 1 | ☐ Check if this is an amended filing |
| | nt of Intentio | | viduals Filing Under Chap | eter 7 | 12/15 |
| creditors have you have leas You must file this | ver is earlier, unless the | ur property, or nd the lease has n ithin 30 days after | | | |
| | ople are filing together date the form. | in a joint case, bo | th are equally responsible for supplying correc | t informati | on. Both debtors must |
| | and accurate as possibl our name and case num | | s needed, attach a separate sheet to this form. | On the top | of any additional pages, |
| Part 1: List Yo | our Creditors Who Have | Secured Claims | | | |
| 1. For any creditorinformation be | | rt 1 of Schedule D | : Creditors Who Have Claims Secured by Prop | erty (Officia | al Form 106D), fill in the |
| Identify the cre | editor and the property th | at is collateral | What do you intend to do with the property t secures a debt? | | id you claim the property s exempt on Schedule C? |
| | | | | | |
| Creditor's C name: | armax Auto Finance | | ☐ Surrender the property.☐ Retain the property and redeem it. | | No |
| | 2015 Mazda 6 1020 | 25 miles | Retain the property and enter into a | |] Yes |
| property | 2015 Mazda 6 1029 | 25 IIIIleS | Reaffirmation Agreement. Retain the property and [explain]: | | |
| securing debt: | | | Tretain the property and [explain]. | | |
| Dort Or Liet Vo | our Unavaired Dersens | Dramarty Lagge | | | |
| For any unexpire in the information | n below. Do not list rea | ise that you listed I estate leases. Un | in Schedule G: Executory Contracts and Unexperied leases are leases that are still in effect the trustee does not assume it. 11 U.S.C. § 365 | the lease | |
| Describe your u | nexpired personal prop | erty leases | | Will th | e lease be assumed? |
| Lessor's name: | | | | □ No | |
| Description of lea Property: | ased | | | ☐ Ye | s |
| Lessor's name: | | | | □ No | |
| Description of lea Property: | ased | | | ☐ Ye | s |
| | | | | 0 | - |
| Lessor's name: | | | | | |
| Official Form 108 | | Statement of In | tention for Individuals Filing Under Chapter 7 | | page 1 |

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Best Case Bankruptcy

| Debt Debt | | Latoya Marie Webster Fimothy Webster | Case number (if known) | 17-30630 |
|--------------|---------|--|--------------------------------|------------------------------|
| Desc Prop | | of leased | | □ No |
| | | me: of leased | | □ No □ Yes |
| | • | ne: of leased | | □ No □ Yes |
| | | me: of leased | | □ No □ Yes |
| | • | me: of leased | | □ No □ Yes |
| | r penal | ign Below Ity of perjury, I declare that I have indicated my intention about any it is subject to an unexpired lease. | property of my estate that sec | ures a debt and any personal |
| х. | /s/ Lat | toya Marie Webster X _/s/ T | imothy Webster othy Webster | |
| | | | ature of Debtor 2 | |
| | Date | October 30, 2017 Date | October 30, 2017 | |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

page 2

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

Best Case Bankruptcy

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file Chapter 7 Statement of Your Current Monthly Income (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the Chapter 7 Means Test Calculation (Official Form 122A-2).

If your income is above the median for your state, you must file a second form —the Chapter 7 Means Test Calculation (Official Form 122A-2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the Means Test, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called exempt property. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on Schedule C: The Property You Claim as Exempt (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Page 45 of 48

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_form s.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on Voluntary Petition for Individuals Filing for Bankruptcy (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together-called a joint case. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days before you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy Court Eastern District of Wisconsin

| In | Latoya Marie Webster Timothy Webster | | Case No. | 17-30630 | |
|------|---|---|--|----------------------------|-----------|
| | | Debtor(s) | Chapter | 7 | |
| | DISCLOSURE OF COMPEN | SATION OF ATTO | RNEY FOR DI | EBTOR(S) | |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b compensation paid to me within one year before the filing be rendered on behalf of the debtor(s) in contemplation of | of the petition in bankruptc | y, or agreed to be paid | to me, for services render | red or to |
| | For legal services, I have agreed to accept | | \$ | 935.00 | |
| | Prior to the filing of this statement I have received | | \$ | 935.00 | |
| | Balance Due | | \$ | 0.00 | |
| 2. | The source of the compensation paid to me was: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 3. | The source of compensation to be paid to me is: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 4. | ■ I have not agreed to share the above-disclosed comper | nsation with any other perso | n unless they are mem | bers and associates of my | law firm. |
| | ☐ I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the name | | | | irm. A |
| 5. | In return for the above-disclosed fee, I have agreed to reno | der legal service for all aspe | cts of the bankruptcy | ase, including: | |
| | a. Analysis of the debtor's financial situation, and renderib. Preparation and filing of any petition, schedules, statenc. Representation of the debtor at the meeting of creditorsd. [Other provisions as needed] | nent of affairs and plan which | ch may be required; | | cy; |
| | In Chapter 7's: Attorney Fees are based o amount stated above as being received pre-petition services. The amount stated a post-petition contract for services after | rior to filing is the amou above as the balance ov | int received under a ved is the amount a | a pre-pretition contrac | ct for |
| 6. | By agreement with the debtor(s), the above-disclosed fee of Representation of the debtors in any disc post discharge satisfactions of judgment | hargeability actions, jud | dicial lien avoidanc | | |
| | | CERTIFICATION | | | |
| this | I certify that the foregoing is a complete statement of any as bankruptcy proceeding. | agreement or arrangement fo | or payment to me for r | epresentation of the debto | or(s) in |
| | October 30, 2017 | /s/ Chad L. Scho | omburg | | |
| | Date | Chad L. Schom | | | - |
| | | Signature of Attorn Debt Advisors , | | | |
| | | 2600 N. Mayfair | | | |
| | | Suite 700 | | | |
| | | Milwaukee, WI 5 | | | |
| | | Name of law firm | ax: 414-257-0172 | | - |
| | | | | | |

United States Bankruptcy Court Eastern District of Wisconsin

| In re | Latoya Marie Webster Timothy Webster | | Case No. | 17-30630 |
|--|---|--------------------------|----------|----------|
| | | Debtor(s) | Chapter | 7 |
| VERIFICATION OF CREDITOR MATRIX The above-named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge. | | | | |
| Date: | October 30, 2017 | /s/ Latoya Marie Webster | | |
| | | Latoya Marie Webster | | |
| | | Signature of Debtor | | |
| Date: | October 30, 2017 | /s/ Timothy Webster | | |
| | | Timothy Webster | | <u> </u> |

Signature of Debtor